

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

O K Medical Limited TA Skin Doctor Leeds

105 Otley Road, Headingley, Leeds, LS6 3PX

Tel: 01132783344

Date of Inspections: 02 October 2013
26 September 2013

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November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✗	Action needed
Safety and suitability of premises	✗	Action needed
Supporting workers	✗	Action needed
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	O K Medical Limited
Registered Manager	Miss Francesca Coleman
Overview of the service	OK Medical Ltd T/A Skin Doctors Leeds are situated in the Headingley area of Leeds. The clinic comprises of a reception, waiting area, two treatment rooms and office area.
Type of services	Doctors consultation service Doctors treatment service
Regulated activity	Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 September 2013 and 2 October 2013, talked with people who use the service and talked with staff.

What people told us and what we found

People were informed about procedures as part of the consent process. Each person we spoke with said they had been asked to sign consent prior to the procedure taking place.

A member of staff explained that people had an initial consultation where the treatments were described and the pre and post treatment care discussed. People were asked for their medical history.

We were told the cleaning was carried out by the laser technician and the receptionist. Whilst we were given a copy of the clinics cleaning rota it did not state how and when each area should be cleaned. We saw the clinic only had one mop, therefore this was used throughout the service, toilet, treatment rooms, reception and kitchen.

We looked at the fire safety advice policy which stated there should be a weekly test of the system to ensure that it would function in the event of a fire. We asked for evidence of this and, we were told the information was available on the computer, however this could not be provided on the day of our inspection. Staff we spoke with told us they were unaware of any fire alarm testing.

We were told staff had regular supervision meetings and an annual appraisal. However on the day of our inspection the service were unable to provide us with copies of appraisals or supervision meetings.

The provider did not have appropriate systems in place for gathering, recording and evaluating accurate information about the safety of the service provided.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 30 November 2013, setting out the

action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People were informed about procedures as part of the consent process. Each person we spoke with said they had been asked to sign consent prior to the procedure taking place.

Information was available on the Skin Doctor website. We were told that the majority of people who used the service had looked on their website for information or had been recommended by a friend who had previously undergone treatment.

We were told the initial consultation was often with a laser technician and people had the opportunity to ask about anything they did not understand. The laser technician said that if they did not feel laser treatment was the right approach for some people's problems, then advice and a consultation with one of the health professionals would be offered.

We spoke with two clients, they confirmed they had been provided with sufficient information about the procedures including risks, complications and realistic outcomes before signing the consent forms. However, every person we spoke with said they had not been given information to take away. They said they would have liked to have read through the information at home. The provider should note people should be given adequate opportunity to read the details of their procedure prior to the treatment commencing.

We reviewed five treatment records which all included consent forms and found they had been fully completed. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan.

We were told the consultations took place in the office and treatments were carried out in the treatment room. We were told the laser technician and the healthcare professionals received training from the manufacturer of the laser equipment. We were able to view some of the certificates of training. The laser technician said she was able to contact the laser company's clinical specialists if she required specific information or clarification on any treatments. She also had contact with the healthcare professionals or other medical specialists if she needed to seek further advice should it be required.

The service had written notes for people who received treatment. People were asked for their medical history, for example if they were pregnant, if they were on any medication, or if they suffered from cold sores or any other skin disorder. However, a course of treatment could sometimes take over two years to complete and during that time people were not asked if there were any changes to their medical history. The provider should note it is important to ensure the health and safety of people who use the service by regularly checking their medical history.

Discussions with the laser technician indicated that information about costs of treatment was discussed with people at their consultation visit to the clinic. We also saw leaflets containing information on costs and treatments available.

The treatment records contained information about people's attendance and follow on visits and the laser treatment each person had received. Discussion with the laser technician and information we received indicated that at the consultation stage each person had a 'test patch' to ascertain if treatment was appropriate. After the test patch people had to wait for 48 hours prior to treatment to ensure there were no adverse reactions.

We were told the Laser Technician would advise people of what to do after their treatment, however this information was not provided in written form. The provider should note

people should be given documentary information of how to care for the treatment area.

We asked for information about the Skin Doctors' emergency procedures, for example what should be done in the case of a medical emergency and found the service had no procedures in place. The provider should note there should be a robust emergency procedure in place to protect people who use the service and those who work there. We also asked to see the providers 'first aid kit', staff were not easily able to locate the kit and when they did it was not complete and some items had been removed from their sealed packaging. The provider should note staff should all be aware of the location of the 'first aid kit' and it should be complete and fit for purpose.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

People were not cared for in a clean, hygienic environment.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

There were not effective systems in place to reduce the risk and spread of infection.

We observed the Control of Substances Hazardous to Health (COSHH) guidance was not followed. We asked to see the cleaning products and found items such as bleach were being stored in the kitchen cupboard next to food stuffs. Other cleaning products were kept in a storage cupboard. Staff we spoke with were unaware of COSHH guidance and we did not see a notice displaying what should be done if an accident occurred whilst using hazardous substances.

We were told the cleaning was carried out by the laser technician and the receptionist. Whilst we were given a copy of the clinics cleaning rota it did not state how and when each area should be cleaned. We saw the clinic only had one mop, therefore this was used throughout the service, toilet, treatment rooms, reception and kitchen. To prevent the transmission of infection throughout the service there should be a colour coded system in place to ensure cloths and mops are only used in specific areas.

During our first visit we noted areas of the service including the treatment room were unclean, when we returned for our second visit six days later these areas were still unclean.

We reviewed information about how the laser hand pieces should be cleaned, one of the hand pieces had disposable tips and we were shown a good supply of the tips. However, the suppliers guidance stated the other hand piece should be cleaned with anti-bacterial/anti-viral cleaning solutions. They should not be cleaned using a fibrous wipe or towel which could leave lint on the tip as this could carbonise on the tip and result in patient burns. We asked the laser technician how she cleaned the hand piece and we were told she used witch hazel and cotton wool. We spoke with the provider and asked them to remedy this problem immediately.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We asked for details of the Skin Doctors' maintenance record, however this could not be provided on the day of our inspection.

The Skin Doctors fire safety advice policy stated they should, 'Have wiring and other electrical installations inspected regularly'. We asked for evidence of this, however this could not be provided on the day of our inspection. Their fire safety advice policy also stated they should 'Weekly-test the system to ensure that it would function in the event of a fire'. We asked for evidence of this and, we were told the information was available on the computer, however this could not be provided on the day of our inspection. Staff we spoke with told us they were unaware of any fire alarm testing.

Their policy stated the smoke alarm should be tested every two weeks, records stated it was last tested on the 3/1/2013.

The clinical audit we saw had a list of measures in place; this included fire risk assessment. We asked for a copy of this and we were told it could not be located. The fire safety advice we saw was not specific to the clinic, it made reference to other different types of services i.e. department stores.

There was a risk assessment for premises which was completed by the registered manager in January 2013. This did not cover specific areas. It stated 'All rooms, reception and kitchen have been risk assessed'. 'All rooms are safe for client use and the pathway to the toilet through the kitchen is kept clear'. There was no evidence to show what had been assessed or potential risks.

The provider had not taken steps to provide care in an environment that is adequately maintained.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with a member of staff who told us if they had any problems they would speak with one of the Doctors. We were told there were regular supervision meetings and an annual appraisal. However on the day of our inspection the service were unable to provide us with copies of appraisals or supervision meetings.

We were told all staff had completed training on how to use the laser machine, however the service were unable to provide us with a copy of all of the certificates on the day of our inspection.

In the organisations policies and procedures it stated 'All members of staff will be expected to participate in ongoing training and continual personal development. General training will be provided to all staff in Fire Safety, General Health and Safety, Training on OK Medical Ltd and complaints management'. Staff we spoke with told us they had not had training in 'Fire Safety' and 'General Health and Safety'. Staff told us and we saw evidence of recent 'Infection Control' training.

We saw the minutes of the last staff meeting which were dated the 20th September, 2012.

Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider did not have appropriate systems in place for gathering, recording and evaluating accurate information about the safety of the service provided.

We found regular quality audits had not been completed for example for health and safety, cleaning of the practice, quality of record-keeping and equipment. The last audit we were shown of clinical records was dated January 2013 and they stated this should have been done again in June 2013. During the audit in January, the registered manager had identified the client records were not timed and dated for each visit. None of the records we viewed had this information.

We asked for copies of the clinics client surveys, we were given six from January 2012 and two which we were told were recent.

We saw a risk assessment completed by a laser protection advisor (external agency) on the 14/01/2011 which was valid for three years. The risk assessment stated, 'The laser should have a suitable label identifying the wavelengths produced and its maximum output power or energy'. We observed this equipment was not displaying a label. The audit also identified the mirror and the shiny handles of the drawers and cupboards should be covered during the use of the equipment, we asked the technician if this guidance had been followed and they were unaware of it. Under the section 'note any urgent improvements required', it stated 'New local safety rules sent by laser protection advisor'. It was recommended these should be read, signed and dated by all operators. The laser technician said she was unaware of any local safety rules.

Policies and procedures were out of date, for example it stated, 'Information should be sent to G.Ps within 28 days of treatment if the client consents'. We were told this was no

longer a requirement and should have been removed from policies. Another policy stated the emergency lighting and torch should be checked. The clinic did not have emergency lighting or a torch.

There was a policy relating to disabled access of the clinic and it stated, 'Details of our disability access statement are included in our statement of purpose and within our patient guide'. This information was not in the statement of purpose and we were unable to locate a patient guide.

The service stored items for use in the treatment room in a worktop fridge, these items needed to be stored at a specific temperature. There was no evidence that the temperature of the fridge had been checked and we were told this was not done.

We asked for evidence that the portable electrical appliances had been tested. This had not been done. We also asked for information on complaints received and any incidents recorded, the provider was unable to supply us with this information.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control
	How the regulation was not being met: People were protected from the risk of infection because appropriate guidance had been followed. Regulation 12
Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
	How the regulation was not being met: The provider did not ensure that the premises were adequately maintained. (Regulation 15 1c,)
Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met:

This section is primarily information for the provider

	The provider did not ensure that staff were properly supported to provide care and treatment to people who use services. (Regulation 23 1a, 1b)
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>The provider's quality monitoring system was ineffective as this did not regularly assess all the systems that contributed to the quality of service people received. (Regulation 10 1a, 1b, 2a, 2b (i))</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 30 November 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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